

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 1129	2. Exact name of the Corporation Antonio Auto Body & Sales Inc.		
3. Principal office address 650 Charles St.	City Providence	State RI.	Zip 02904
4. Business Phone No. 401-421-2550	5. State of Incorporation RI.		
6. Brief description of the character of business conducted in Rhode Island Automobile Repair & Sales -			

LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name Anthony DeSimone			Vice-President Name Gerald Androska		
Street Address 38 Esther Dr.			Street Address 26 Rosewood Dr.		
City No Prov	State RI	Zip 02911	City No Prov	State RI	Zip 02904
Secretary Name Anthony DeSimone			Treasurer Name Gerald Androska		
Street Address 38 Esther Dr.			Street Address 26 Rosewood Dr.		
City No Prov	State RI	Zip 02911	City No Prov	State RI	Zip 02904

LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name Gerald Androska			Director Name		
Street Address 26 Rosewood Dr.			Street Address		
City No Prov	State RI	Zip 02904	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
600		No Par

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trust this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date _____

MAR 22 2013

Check No _____

By: _____ By: MNC

FOR SECRETARY OF STATE USE ONLY CR #19686

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Representative _____ Date _____

Print or Type Name of Authorized Representative Gerald Androska 3/21/13

Treasurer